

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) 0656-008US6
--	--

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,180,395, granted January 30, 2001, and for which a reissue patent is sought on the invention entitled REAGENT CHAMBER FOR TEST APPARATUS AND

TEST APPARATUS

the specification of which

is attached hereto.

was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Reissue is sought to broaden claims 1, 10, 14, 19, 21, and 23 by removing the word "tablet;" so as to clarify that the recited reagent composition(s) may be in any of the forms supported by the specification. See, e.g., column 3, lines 62-65 ("...which may be solid, liquid, powder, emulsion, suspension, tablet or substantially any combination separately or admixed thereof.").

It is believed that the unnecessary recitation of the term "tablet" in each of claims 1, 10, 14, 19, 21, and 23, was an error made without deceptive intent.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
0656-008US6

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Leslie Meyer-Leon, Registration No. 37,381

Correspondence Address: Direct all communications about the application to:

 Customer Number
Place Customer Number Bar
Code Label here

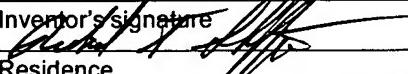
Type Customer Number here

<input checked="" type="checkbox"/> Firm or Individual Name	Leslie Meyer-Leon, IP Legal Strategies Group, P.C.				
Address	901 Main Street				
Address	P.O. Box 280				
City	Osterville	State	MA	Zip	02655-0280
Country	USA				
Telephone	(508) 428-4000	Fax	(508) 428-1900		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Richard T. Skiffington

Inventor's signature	Date
	10/29/01
Residence	Citizenship
35 Pleasant St., N. Reading, MA 01864	US
Mailing Address	
35 Pleasant St., N. Reading, MA 01864	

Full name of second joint inventor (given name, family name)

Eliezer Zomer

Inventor's signature	Date
	11/28/01
Residence	Citizenship
374 Kenrick St., Newton, MA 02158	US
Mailing Address	
374 Kenrick St., Newton, MA 02158	

Full name of third joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship
Mailing Address	

 Additional joint inventors are named on separately numbered sheets attached hereto.